THEORY AND PRACTICE

OF

MIDWIFERY.

ILLUSTRATED WITH

APPROPRIATE PLATES.

ALSO,

THIRD EDITION, (IMPROVED),

OF

REMARKS

ON THE PRESENT MANNER OF TREATING

New-born Infants;

WITH

A description of the Tubes,

In which Oxygen-gas, or Vital-air, passes through the Lungs to the Blood, as the latter circulates in the former.

BY GEORGE CHARTRES,

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DEDICATED

TO THE

King and Queen's College of Physicians,

AND

ROYAL COLLEGE OF SURGEONS,

IN IRELAND.

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DEDICATION.

GENTLEMEN,

Impressed with a sense of the information we naturally owe to each other, I conceived it to be my bounden duty, to make known to you and to all whom it concerns, the Discoveries I have made in the course of my Practice in the Profession of *Midwifery*.

Should this Treatise be so fortunate as to meet your Approbation, and consequently be sanctioned thereby, it must be entitled to a place in the first Medical Libraries.

Nothing was so much wanting in this World; nor, of course, nothing so much wanting in *your* Library, as it tends to the saving of many Lives, and of course, must be looked on as the only true Guide to follow.

Then, Gentlemen, allow me (with deference and humble opinion) to say, that it here rests with you to pronounce publicly on the merits or demerits of the Work before you; of course I have to expect you will, as well for the honour of the Profession, as for the good that it will thereby be attended with.

I am, Gentlemen,
Your Obedient Servant,
GEORGE CHARTRES.

PREFACE.

So defective is the Practice of Midwifery at present, (Surprising as it may appear) that the dangers naturally belonging to *Parturition,* or Child-bearing, instead of being lessened, as should be expected, are thereby considerably increased; so as often to terminate in the death of both mother and child; but most frequently the former, as is fully proved in this Work, for the purpose of instructing the Profession; so that they may not only be enabled to lessen those dangers, but (if possible) to do them away altogether.

MIDWIFERY.

CHAPTER I.

THE UTERUS, OR WOMB.

As the description of any thing is most easily, and clearly comprehended, when given in plain language, I have in this work, used, most generally, the plainest terms; paying at the same time, that strict attention to delicacy, which the subject required; but, which also, being of a most important nature, it was necessary to write, so as to be perfectly understood; and, in being anxiously desirous of conveying the fullest information, I have in many places, given what may be deemed, unnecessary explanations.

The Womb in the Adult is of the size, and shape of a Goose-egg, larger at one end than at the other, and somewhat flattened, *(see Plate the first, figure the first,)* situated exactly between the Urinary-bladder, which is before, and the lowest of the Intestines, which is behind; it is fleshy, being composed of Muscles and Cellular Membrane, interwoven with Blood-vessels, and Nerves; it is hollow, or purselike, having an opening or outlet in its smaller end, to which the Vagina, or next described

part is firmly attached, *(which see)* it is in the bottom of the Pelvis, or lower part of the Body, in an inverted position, when the Woman either stands or sits. The larger end is termed its Fundus or Bottom, and the smaller one, its Cervix or Neck, having (as I observed before) some Nerves, it in common with other parts, possesses the sense of feeling, and consequent irritability; therefore, when its component Fibres come to be stretched beyond their natural length (as happens just at the end of Gestation) it is thrown into such strong contractions, as to cause a dislodgement of its contents. of which more in its proper place.

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CHAPTER II.

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THE VAGINA.

The part which leads to the Womb, is termed Vagina, its further end is joined to the narrow, or open end of the Womb, *(see plate the first, figure the first,)* this like the first described part, is fleshy or muscular, by virtue of which, it possesses the same power of contracting or lessening itself, which it exercises occasionally, as will be shewn in its proper place. The exterior extremity of it, is termed its

Exitus. or Outlet, it is furnished with Nerves, consequently possesses the sense of feeling and irritability, in a greater or lesser degree.

CHAPTER III.

THE OVUM.

This is a short-lived, or rather temporary part, serving to the end of Gestation, or Pregnancy only, (as will be shewn in the chapter on Parturition, or Child-bearing,) just before it comes to be deposited in the Womb, it is about the size of a Goose-egg, hollow, and nearly filled with a fluid, termed in Latin, LIQUOR AMNII, of which more hereafter. To the touch, it is like what is termed, a soft Egg, one that had been prematurely extruded, or before its shell had formed; it is situated on the outside of the Womb, where it grows till it comes to be of the size above mentioned; its shell (if I may be allowed the expression) is Vascular, that is, composed of a number of vessels, the mouths of which open, some on its exterior and others on its interior surface. By what is termed Orgasm, or sort of Spasmodic-action of the surrounding parts, it is moved from where it lay into the Womb, filling exactly the cavity thereof

Plate the first.

Figure the first, represents the Womb.

A Its Fundus, or broad end, which, as the woman stands, or sits, is the highest part.
B The entrance of the Womb.
C The Vagina, or passage to the Womb, the inner end of which, is joined to the entrance of the latter.
D The entrance to the Vagina.

Figure the second, represents the Ovum.

A The outer part. or shell of the Ovum, which during its continuance in the Womb, forms a lining thereto.
B The empty, or unoccupied part of the Ovum.
C The aperture, or opening in the narrow end of the Ovum, with its Valve.

Figure the third, represents the Womb, occupied by the Ovum, and the latter by the Embryo.

A The boundary, or shell of the Womb.
B The shell of the Ovum.
C The Embryo.
D The Navel-string, one end of which is joined to the child's Navel, and the other end to the After-birth.
E The After-birth, grown to such a size, as to fill completely, the empty space left in the Ovum.
F The Blood-vessels passing from the After-birth into the Womb, which serve for carrying on the circulation of Blood between the mother and child.
G The entrance to the cavity of the Ovum.
H The entrance to the cavity of the Womb.
I The entrance to the cavity of the Vagina, or passage leading to the cavity of the Womb.

Fig. 3.

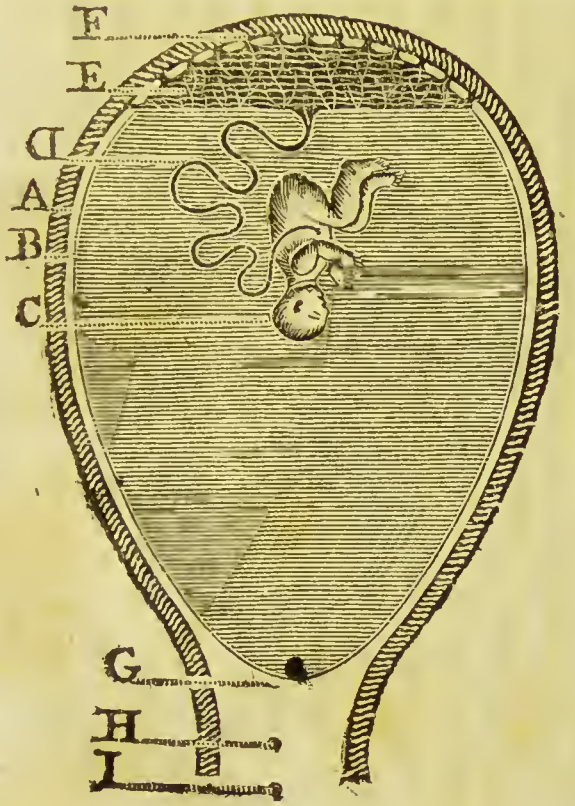

Fig. 2.

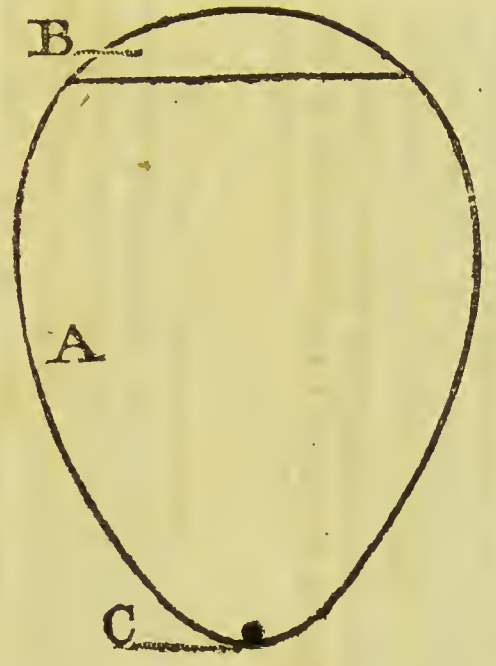

Fig. 1.

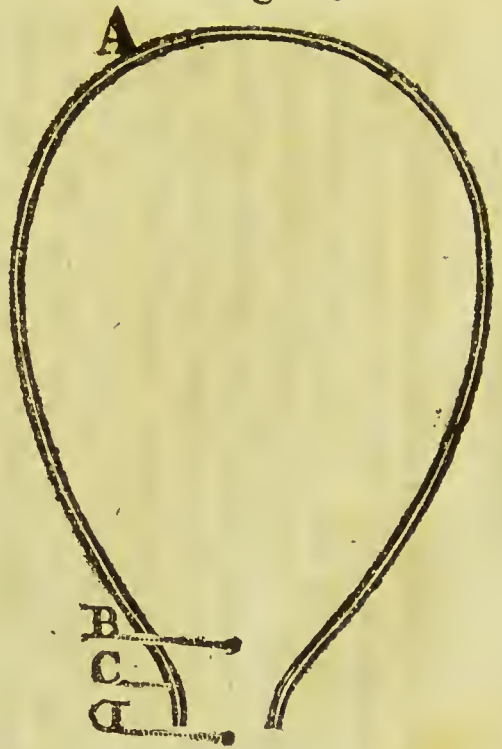

PLATE 1.

by which the exterior surface of the former gets in contact with the interior surface of the latter, the shell of the Ovum, forming as it were a lining thereto ; the mouths of the vessels on its exterior surface, meeting with similar ones on the interior surface of the Womb, unite, so as to form but one set, common to both parts, but at the the broad end, or bottom of the Womb, to which the After-birth (a part to be described hereafter) comes to be joined, these vessels are considerably larger than elsewhere, being for the express purpose of carrying on the circulation of blood between Mother and Child, of which, more hereafter.

The vessels whose mouths open on the interior surface of the shell, give out the fluid before mentioned, in which the Embryo, or Child comes to be immersed, as a fish is in water, *(see plate the first, figure the third)* by reflecting on the cause of infants at times sucking their fingers *(see my annexed remarks,)* I discovered Liquor Amnii to be the child's food, or nourishment during its stay in the Womb, contrary to the established opinion, of its being nourished by the blood which comes through the Navel-string. The Ovum, as I said before is not quite filled with Liquor Amnii, a space like that in the egg of an Oviperous Animal, being left for the reception of the Child and After-birth. *(see plate the first, figure*

the third.) this space* is at the broader end of the Ovum,

The narrow end of the Ovum has a small opening in it with a Valve placed on its inside; this contrivance is for the purpose of giving admission to the Embryo, when at the same time, it does not allow any of the contained Fluid, to escape, *see plate the first, figures second and third.*

CHAPTER IV.

CONCEPTION.

This enveloped, or hidden process of nature, I am inclined to think, happens in this way: the Ovum (now in the Womb) receives the Embryo at the opening just described, the Embryo being, by a similar orgasmic action of adjacent parts, as that above described, sent thereto, on entering, (being specifically light) it is instantly buoyed, or floated near to the surface of the Liquor-Amnii, *(see plate the first, figure the third)* the Embryo's head being heavier than its body, preponderates, so as to be pendu-

* That there is such space, may be known by shaking an Egg, when an undulatory motion of its contents will be felt, which could not be, had the Egg been full.

lous; *(see plate the first, figure the third)* this was wisely designed, for the Skull being composed of a number of flat and moveable bones, the edges of which being in time of Labour, forced to slide somewhat over each other, the Head is reduced in size, thereby passing with less difficulty than if the Body had preceded it, and added to this, had the body been first extruded, the Navel-string would thereby be subjected to such degree of pressure between the child's head, and edge of the mother's Pelvis, aswould stop for the time, the Blood therein, by which the child might lose its life.

Belonging to the Embryo, are two parts, termed Navel-string and After-birth, which consist of Veins, Arteries, and Cellular Membrane, covered with skin, the Navel-string extends from the Child's Navel to the Afterbirth, and is from twenty to thirty inches in length, *(see plate the first, figure the third)* the last named part in appearance, is a distinct organized body, formed for allowing blood to pass from the mother to the child, and VICE VERSA—*(which see)* it received the name of After-birth on account of not being removeable from the Womb, till after the birth of the child, and being specifically light, it also comes to be buoyed up by the Liquor Amnii, so as to exactly occupy the void or empty space, in the Ovum before described, *(which see)* the upper side

of it, coming in contact with the interior surface of the broad end of the Ovum, the vessels of both inosculate, or join, so as to become continuous, for the purpose (as mentioned before) of carrying on the circulation of blood between mother and child.

The established opinion is, "that the child is nourished by the blood sent, to it through the Navel-string." I have discovered that it is nourished by the Liquor Amnii, taken as hereafter described, and that the blood* spoken of, is sent for a very different purpose; viz. *that of supplying the Child with Oxygen-gas, or Vital-air*, a principle essential to animal life, which cannot be received but by the Lungs, in the act of respiration, or breathing, which the child not having the power to perform in the Womb, must depend on receiving it from mother.

The way in which I discovered that Liquor Amnii, was that by which the child in the Womb was nourished, was by noticing about 14 year ago, a New-born Infant sucking its fingers; an act, which, though I had often seen before, never (till the time I speak of) did it arrest my attention, so as to give it that thought, or consideration it deserved. Here then, I concluded, that from the child's sucking its fingers so expertly, it

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* See my Treatise on the Oxydation of the Blood.

must have been in the habit of doing so in the Womb; it then remained for me to ascertain the effect of such act, which I did. The child in the Womb being immersed in a Fluid, at each time it sucked its fingers, did of course draw some part of the Fluid into its mouth, for the purpose of swallowing it; that this is the case, is incontrovertibly proved, by the presence of that feculent matter, termed Meconium, found, or known to be in the intestines of New-born Infants.

Having proceeded successfully thus far, my inquiry next rested on the nature of this act after Birth, this I fortunately discovered to be a signal, designed to shew, that the child should be allowed to suck, what? the mother's Breast. In coming to this conclusion, the establised opinion of Lying-in women not having milk till the third day stared me in the face; but, happening at the time to doubt the validity of this opinion, I determined on trying it experimentally, by getting the next woman I delivered, to put the Infant to her Breast; having so acted, she seemed much surprised at this strange innovation from the established practice, saying, she feared the infant in sucking, would, instead of Milk, draw wind into its stomach; but, by assuring her that she at that moment had milk sufficient, I prevailed on her, to follow my advice; she, of course put the

child to her Breast, this being done, it instantly began to suck, and after a time seemed fully satisfied therewith; this mode of proceeding, shewed on the third day, to be of important advantage to the mother, as by it, her milk was so regularly drawn off, as to prevent that accumulation of it which is known to be the cause of much pain, from the Breasts getting over-distended therewith, attended with such degree of inflammation, as often to terminate in the formation of Abscess, or matter; from that day to this, I have had New-born Infants so treated, whereby they done much better than when treated in the old way, therefore, I am now decidedly of opinion, that any other way than that of instantly allowing the child to take milk from its mother, is unnatural and being so, is injurious.

CHAPTER V.

PARTURITION, OR LABOUR.

At the end, or expiration of nine calendar months, the Child and After-birth have grown to such size, *(see plate the second, figure the first,)* as to put the Womb into an over-distended state; the consequence of which will be contraction of the Uterus for the pur-

pose of dislodging its contents, this then is the beginning of Parturition, or Labour.*

As Fluids pass more readily than solids, that part of the Womb's contents which comes first to be forced thereout, is the Liquor Amnii, it passing into the Vagina pushing before it the small end of the Ovum, so as to make it take an elongated form, *(see Plate the second, figure the first,)* this puts the Vagina into such state of distention, as to cause pain therein, at which time the Accoucheur is generally sent for; the Womb by contracting, gets fatigued, so as to be under the necessity of relaxing itself, by way of resting, and the distended Vagina being now at liberty to send back part of that which put it into a state of distention, does so, hence arises that ease, or cessation from pain, which women in labour experience; the Womb being rested renews, or repeats its contraction, by which a larger portion of the Liquor Amnii will be forced into the Vagina than what there had been at first, hence a new part of the latter coming to be distended, a second pain will be felt therein; the Womb

* The established practice, is to prescribe at this time, a dose of Castor Oil, or an Enema, which is totally unnecessary. I know no reason for such treatment, save and except that of the Accoucheur's desire of having the matter then in the lower Intestine removed, lest in the attendance he would be incommoded therewith. By the child's head passing along the Vagina, the matter in that Intestine is generally pushed out; but in this see no harm, and as to the opinion of the child's passing more easily by thus emptying the Intestine, it is merely ideal.

having now got fatigued again, stops its contraction as before, at which time the Vagina avails itself of the opportunity by sending back some portion of that which affects it, by which the woman gets relieved again from pain; thus from the beginning to the end of Labour, the Womb and Vagina act and re-act reciprocally, by which the sense of pain and ease throughout the whole of it, succeed each other alternately.

The small end of the Ovum thus distended, is good for widening the Vagina, being (as it were) a soft accommodating sort of body, which having arrived at, or near the outlet of the Vagina, *(see plate the second, figure the second,)* generally bursts, and of course, lets pass the Liquor amnii, this circumstance is commonly known by the term of, the Water having broke, but in slow and slight contractions of the Womb, the bursting of the Ovum is so long delayed, that Writers on this subject, conceiving that its remaining so, must be owing to its possessing a more than ordinary degree of strength, advise the puncturing of it, with the Finger in time of a pain, the doing of

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I speak thus plain, not only to shew the absurdity of the practice, but also, that women, when in that state, may know how they should be treated. Physic taken unnecessarily is injurious, and the Woman in getting an Enema might be materially injured by the pipe which is made use of on those occasions, though passed into the Rectum with ever so much care. I have been practising Midwifery upwards of forty years, and can declare solemnly, I never once ordered either, and yet have practiced with unparalled success, which my Patients can testify.

which proves injurious, as it deprives the Womb of its best means for widening the passage, and even were it as strong as Parchment, the Womb possesses power sufficient to burst it by pressing, or forcing the Liquor Amnii against it.

It sometimes happens in pregnancy, that as fast as the Liquor Amnii is deposited in the Womb, the Infant uses it; in such case, soon after Labour begins, the top of the Infant's head gets in contact with the narrow end of the Ovum and pushes it on, so as that when the former is passing the Outlet of the Vagina, it tears off, and takes with it a portion of the latter, which being seen, or found lying on the head, in the manner of a Scull-cap, is treasured, or kept up as a distinct part, and looked on in the light of a lucky favour to the family; this fragment is termed, Caul, to which various influencing-powers are attributed, viz. that of preserving the Ship from wreck, ; the House, from fire, &c. wherever it is kept, so much for superstition.

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CHAPTER VI.

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BUSINESS OF THE ACCOUCHEUR.

Having so far described the process of Parturition, I now come to shew the nature of the profession of an Accoucheur—that

Plate the second.

Figure the first, is a delineation of the Womb in its fullest state of distention, or as Labour is about to begin.

A The child, in a natural position, that is, with its head presenting at the outlet of the Womb, its feet up near to the bottom thereof, its face to the left side, and of course, its left side placed forward.

B The narrow, or small end of the Ovum, forced along the Vagina, near to the outlet of the latter, so as to have taken an elongated form, or that which it has, just previous to bursting.

C The outlet of the Vagina,

Figure the second is a delineation of the Womb, the narrow end of the Ovum being burst, the fluid having passed off, and the child shoved on so far, as to have the top of its head just at the outlet of the Vagina.

A The narrow end of the Ovum, burst, or broken.

B The child's head, just before it is about to be extruded.

C The outlet of the Vagina.

PLATE II.

Fig. 1

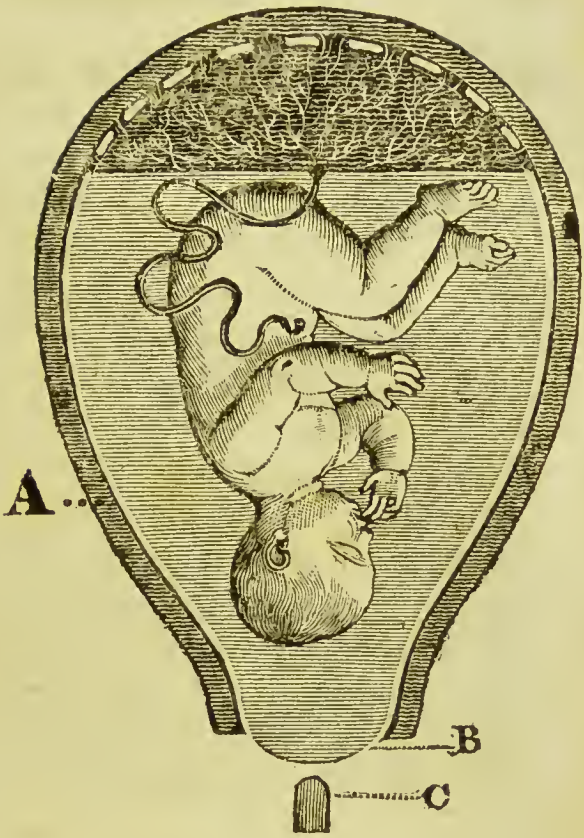
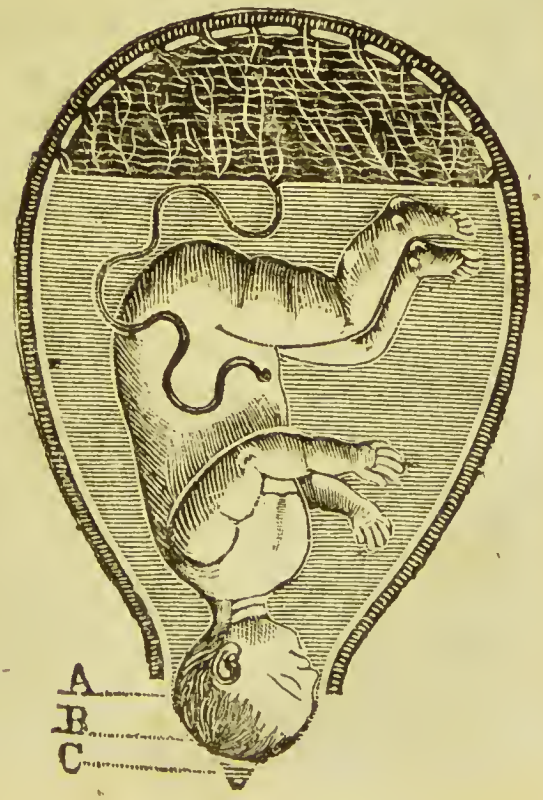
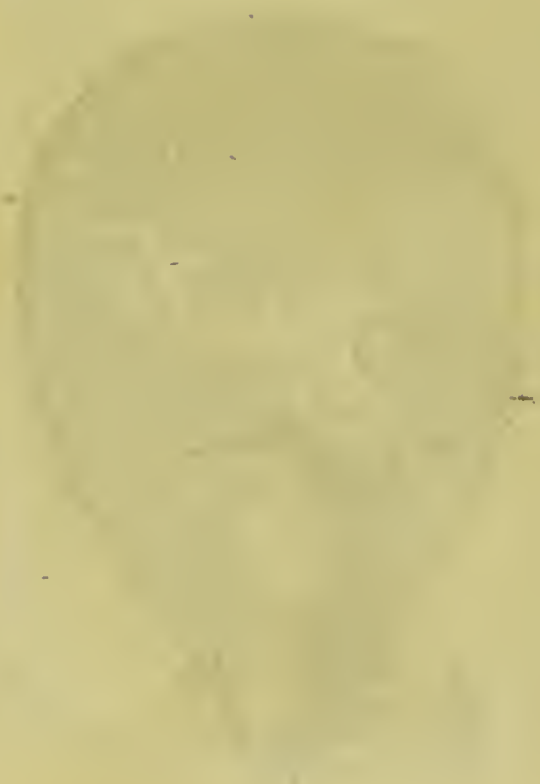


Fig. 2.





person, whose assistance in time of Labour becomes necessary, from the many preternatural, or unfavourable circumstances which daily occur, as in Parturition, or Child-bearing, difficulties sometimes arise, the attendance of an Accoucheur in every case whotsoever is deemed necessary, it not being known in what woman they may happen. When Labour begins the Accoucheur is sent for, who on coming, or soon after makes every necessary inquiry, but surprising as it may appear, so little is nature attended to by Midwifery-practitioners, that instead of answering the design, for which they were intended, they often render Parturition more dangerous than what it naturally is, as will be plainly shewn in the following chapters.

Labour going on, the narrow end of the Ovum burst, and of course Liquor amnii gone, the child is then moved on till the top of its head touches the outlet of the Vagina, *(see plate the second figure the second.*

The Accoucheur now sets about what is termed assisting, or helping the woman, which in plain language, is that of his endeavouring to widen the outlet of the Vagina, for the purpose of allowing the child's head to pass more easily than what it otherwise in his opinion could; this he does during the continuance of each pain, or during the Womb's contraction, by forcibly stretching the part already mentioned, with

his fingers, which, most indubitably causes pain to the woman, in addition to that which she feels from the child's moving down, but of the pain caused by the Accoucheur, she does not seem to be altogether sensible, that caused by the movement of the child being so much greater.—this being the case, if the Accoucheur's fingers should happen to get so fatigued as to leave him under the necessity of resting them, in the beginning of the next pain the woman will even beg of him to repeat his assistance, and very natural she should, for conceiving such act to be necessary, from his having begun it, she must be desirous of having it repeated.

The assistance thus given, (though well intended) injures the woman very much, and betrays extreme want of skill in the Accoucheur, as by such act, the Womb is made to stop its contraction, for that time, sooner than what it otherwise would.—Hence the child will not be moved so far on in that pain, as it would, had he not interfered, therefore this act being often repeated, spins the Labour to such length, as reduces the woman to an alarmingly weak state, harassed, heated and fatigued, almost to death, and further, by the outlet being thus stretched, such degree of swelling is caused therein, as often renders its passage so much narrower, as leaves no hope of the woman's getting delivered, otherwise, than by instruments.—Shocking resource! I

have in the course of practice, often been sent for to women suffering under the above described unfavourable consequences, when by using a different kind of treatment, such as letting them rest, allowing time for the swelling to decrease, and their strength in some degree to be recovered, many of them escaped from the impending danger. Practitioners in Midwifery should not think ill of my telling this truth, as it seriously concerns every woman who has to pass that painful and perilous operation, and who of course, ought to be made acquainted therewith.

But even under all the ill effects just mentioned, the child will often be moved forward until its head has completely passed the outlet *(see plate the third figure the first,)* what then? nothing more than that the Accoucheur now acts more unskilfully than what he had even done before, as he instantly takes hold of the head with both his hands, and pulls with such force, as he finds sufficient to draw out the body,* which force I know to be inconceivably

* The Accoucheur here (I suppose by way of expedition) absolutely pulls the child out of the Womb, as a person would a Pig out of a bag. This being the case, I have been naturally led to think, that if in the beginning of Labour, the Accoucheur could pass a lack or fillet into the Womb, so as to get it round the child's neck, he would, in order to draw the child out, as a person by a loop of twine would draw a piece of loose cork out of a bottle, and thus make short work of child-bearing.

great, (having so acted in the early part of my practice,) which I account for thus: In the animal frame, there is a kind of agreement between the parts of which it is composed, by which it is understood that these parts are naturally bound to give what is termed, consent to each other in turn, by which a reciprocity of action must be inevitable, that is to say, that while one part contracts itself for the purpose of extruding its contents; the other, which is destined to let them pass, relaxes, or as it were, widens for that purpose, so of the Womb, Vagina, and outlet in extruding the child, according to this, in the case above-mentioned, the force must be very great, for as the womb at this moment, did not want to extrude the child, consent of the outlet was not wanting; hence, instead of relaxing itself, it would be much otherwise disposed, viz. to keep in a contracted state till occasion required it otherwise, hence great resistance would be given by it in the removal of the child by the Accoucheur, the consequence of which is injury to both mother and child, but more dangerously so to the latter, as the spinal-marrow of the neck comes, by the pulling, to be so much stretched, as to be attended with a train of the most formidable diseases, as Trismus, Nascentium or Nine-day fits, Paralytick affections, Hydrocephalus internus, or Water on the Brain, and even should the child escape death, it is left in a weak, ricketty, ill-

thriven state for years, and even perhaps for life.

The injury done to the woman by pulling the child out, as above described, is, that the womb being thus emptied, its sides approach each other, so, before its broad end can approach sufficiently its narrow, as to give it a shape, somewhat resembling an hour-glass, *(see plate the third, figure the second)* which unnatural shape, it might not be able to change from, for a long time; during which, it must (from incapability of receiving an Ovum, if wanting) be as useless as one belonging to a steril woman; and further, this close approximation of its sides, proves after, to be the cause of a greater injury being committed, which will be seen in the chapter on the extraction of the After-birth.

Having described how women (in ordinary Labours,) are delivered, duty to those whom it interestedly concerns, binds me to make known the way in which this operation of nature should be conducted, or attended to.

The child's head having passed the outlet of the Vagina, *(see plate the third, figure the first,)* the Accoucheur should support it in that situation, by keeping his hand under it until the womb repeats its contraction, by which the body will be extruded, along which he is to slide the same hand for the

purpose of supporting it also until the womb again repeats its contraction, when the hips, and inferior extremities will be extruded, thus ends the first part of delivery.

If the womb happen to repeat its contractions so slowly as to leave long intervals, (the head only having passed the outlet of the Vagina,) the child so circumstanced moves its head, with a sort of struggle to get from that incarcerated state. In the course of my practice, I have let many children so remain for more than fifteen minutes, half strangled, in appearance, that when born, shewed to be as well as those, wherein the delay had not been more than the sixtieth part of the time.

The child on being born, cries, a natural consequence, yet, never satisfactorily accounted for till by me, (see my remarks on the present manner of treating new-born infants, published in the year one Thousand, eight Hundred, and three, and now re-printed with this work,) which says, that though I had known it for many years, it did not excite that consideration it deserved, till a short time before the period mentioned.

To save the reader trouble, I will here tell, what I said respecting the crying of the infant at the time of birth: it complains (by crying) of the pain it just before suffer-

ed from being forced through a too nar row passage,* which pain must be commensurate with that suffered by the mother.

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CHAPTER VIII.

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OPERATION PERFORMED ON THE NAVEL STRING.

This is done first by tying it with a ligature, or strong thread, about the distance of an inch from the navel, so as to stop the circulation of blood in it; and second, by cutting it in two with a pair of scissors, about half an inch farther on, this appears to be a rational way of doing it, but the question I would put, is this: how is it performed by those animals who have neither scissors, nor hands to use them? it must be by tearing the navel-string from the navel, and that by natural means only; now, as I am a Disciple of Nature, I feel very much inclined to think that this way of performing it, was usefully designed, and if so, it must be attended with advantages we know nothing about; I will say, that by the navel-string being torn from the navel, some degree of inflamma-

* I did not see in any Treatise on Midwifery, the infant's crying on coming into the world, rationally accounted for.

Plate the third.

Figure the first, shews the child advanced so far, as to lie with its head completely past the outlet of the Vagina.

A The outlet of the Womb, widened to its greatest extent.

B The Vagina, also widened to its greatest extent, by which, it and the Womb, appear as one.

C The outlet of the Vagina, also widened to its greatest extent.

D The child's head, completely past the outlet of the Vagina.

Figure the second delineates the shape the Womb assumes by its sides approaching each other (in consequence of their being left at liberty so to do, by the child being pulled thereout) which shape somewhat resembles an Hour-glass.

A The bottom, or broad end of the Womb, with the After-birth attached to it.

B B Sides of the Womb which are much nearer to each other than by right they should be.

C The outlet of the Vagina.

D The Navel-string.

PLATE III.

Fig. 1.

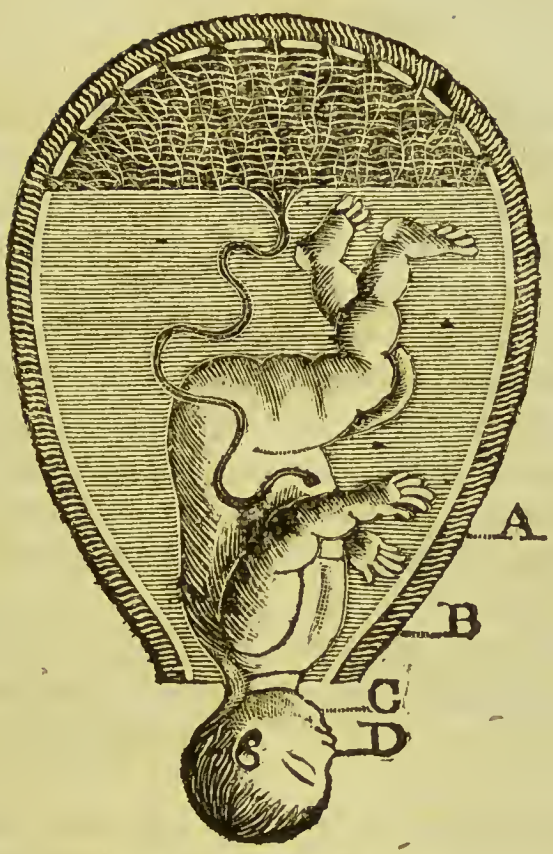
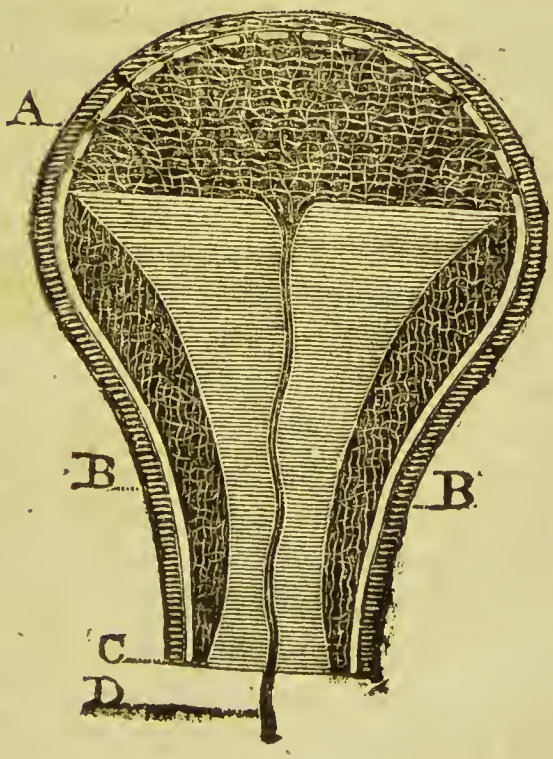


Fig. 2



tion must be caused in the latter, which upon going off, will leave the coats of its vessels in a somewhat thicker state than what they before were, hence the opening at the navel will thereby be rendered so much narrower than what it naturally was, by which it comes to have a power of confining, or keeping the intestines within the Abdomen more securely, than it would have after the present mode of operation. Hence the liability to what is termed umbilical rupture, must be so much lessened; now, admitting this to be the case, would not we be authorized to perform the operation in the same manner.

The way in which I would have the operation performed, is this, the Accoucheur should lay the palm of his hand flat on the child's belly, with a finger placed at each side of the navel to keep it fixed, and then pull the navel-string from the navel, the separation will happen exactly there, for as the former is not wanting after birth, it is formed more slender just at its junction with the navel, than what it is any where else; and, as it was made to serve for a short time only, no nerves (the organs of the sense of feeling,) were given to it, hence no pain in the operation will be felt by the child, and as vascular parts, when torn, bleed but little, scarcely any blood will be lost, the operation being finished, the navel is to have a small pledget of Lint ap-

plied to it, which is to be left there so long as it will adhere.*

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CHAPTER IX.

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EXTRACTION OF THE AFTER-BIRTH.

I am now come to the most important chapter, as in it is shewn that great error in practice, which exposes women under delivery to more danger of losing their lives than by all the other errors and bad cases that possibly could occur in the practice of Midwifery put together, more women having died, in consequence thereof, without the cause being known, than what have, in consequence of all the others.

The number of women dying in, or soon after delivery, treated agreeable to established practice, appearing to me, not only unnatural, but extraordinary, I suspected that something wrong must be in the business; my mind thus occupied, I determined on trying, and sifting the matter closely, fortunately for the world, but as yet, unfortunately for myself, (as will be seen in the

* I own I never performed the operation, in this way, not from fear of any unfavourable consequence, but merely to avoid any thing of censure.

sequel) I discovered the cause of that mortality, but like others of my profession, being selfish, I fixed on keeping it secret in order to be seen to practice with more success than any other person, and which afterwards proved to be the case, by my not having since that time, so much as one woman to die under my care, while many died under the care of other practitioners.

The Placenta, or After-birth, is composed of cellular membrane, interwoven with very large blood-vessels, which end on its upper side, (that next the inside of the bottom of the Womb) in open mouths, where meeting with similar ones situate on that part of the Womb, are joined thereto, by which these two parts come to be so closely and firmly attached, as to appear but one, *(see plate the third, figures the first, and second.*)*

The Accoucheur just after the Child is born, or immediately after he has cut the navel-string, and given the child to the at-

* There has not been any part of the womb assigned for the after-birth, by either Anatomist or Accoucheur, that I know of, as if the place of the latter's adherence, depended on chance, but in the chapter on Conception, where the entrance of the Embryo, and Afterbirth, into the Ovum (then in the womb) is described, I have made it plain that the latter from being buoyed, or floated into the space in the broad end of the Ovum, which being in contact with the bottom of the womb, that only must be the place of its regular attachment, my reason for being so particular on this head, will very soon be seen.

tendant, proceeds to deliver the woman of the After-birth, which operation he performs by dragging it from, and out of the womb, by means of the navel-string, which he pulls with such force, as effects his purpose, but if any circumstance, such as the strait formed in the cavity of the womb by the unnatural approachment of its sides should happen to resist him, he directs his patient to press the Abdomen, or stomach with her hand, or to take snuff till she sneezes, to cough, or lastly to put her finger into her throat (instead of which, the females of the profession prefer a candle) to excite, or cause that expulsive action which we see in vomiting, expecting assistance from one, or other of these, in the performance of his operation.

But alas, disappointed by all, he pulls with increased force, till either he effects his purpose, or the navel-string breaks—the latter undesigned, proves a most embarrassing event, as by it, he is reduced to the sad alternative (agonizing torture!) of thrusting his hand into the womb, where getting to the After-birth, he tears it off, and drags it out.

That this throughout, is the way in which women are delivered of the After-birth, no person can attempt to deny, for were there no other proof than that of the Accoucheur being called, or employed to take away the After-birth, in cases where the

navel-string happened to break in the hands of female practitioners, it would be sufficient,* as that undesigned event, must have occurred in their endeavouring to extract the after-birth; therefore, the breaking of the navel string is a self evident proof of this being the practice, as it could not happen without hands. But there is another much more notorious,—that of practitioners quitting their patient's bed side, in half an hour at most, after the birth of the child; which I will plainly shew could not be the case, were the latter part of delivery properly conducted: therefore, whether the practice is so, through want of knowledge, or want of patience in the performers, it comes to the same point, that of endangering the woman's life; to prove which, I will shew the consequences of the operation performed in this way: First look at the state in which the womb is left, prematurely emptied, by which its sides approach each other more than they otherwise could, leaving thereby its cavity of an irregular shape, of course, so long as it would be so, incapable of receiving an Ovum—Second, look at the blood vessels which connect its bottom to the After-birth, torn in two, thereby left with as many open mouths, letting blood flow in as many streams, *(see plate the fourth, figure the second,)* the aggre-

* When this happens to male Practitioners, they keep it secret, being from anatomical knowledge, in no need of sending for assistance.

gate or conflux of which, constituting that which* I term Shedding, though not so termed by other Practitioners, on account of their being not only accustomed thereto, but also from conceiving it to be natural; the womb is here left with little, or no power of contracting itself; hence the torn vessels must remain open, except it resuscitates, and resumes its contractions, by which they would get so far closed as to allow only the thinner or almost colourless part of the blood to escape.† Lest in detail, I should be charged with prolixity, I think it fair to remind the reader, of what I said in the first paragraph of this chapter, as by it, (in the cause of humanity) I am authorized to dilate the subject to its utmost extent.

Resuming the subject, I say, if from the womb's continuing in a passive state, that these vessels are left open, the woman losing blood; gets weaker and weaker, fainting every five or six minutes, till she (like the dying lamp, whose unsteady flame hangs quivering on a point, leaps off by fits, then falls again as loth to quit its hold) at last expires; and even if she escape death, she is very little better off, continuing in so weak and delicate a state, as in every future

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* Here the vessels though torn, bleed as freely as if they had been divided by a cutting instrument.

† This part of the blood, (here termed Lochia) flowing from the womb during the accouchement, is by the Faculty deemed necessary; but of this I will give my opinion in the proper place.

pregnancy, to be liable to miscarry by the slightest possible cause; attended with almost constant pain in her back and a very weakening disease, termed Fluor albus, or Whites; along with these, I am decidedly of opinion that there is no other cause for Puerperal fever; as I never had a patient affected therewith, since ever I acted agreeable to my discovery.

Third,—in the Accoucheur's pulling the navel-string, should the connecting blood vessels not readily break or give way, (especially in women of lax or delicate frame) see what would be likely to happen; the bottom of the womb pulled down, or into its cavity, as the top of a man's hat could be pulled into that part which receives the head, *(see plate the fifth, figure the first,)* and only that it is tied to fixed parts, by what are termed, ligaments, *(see plate the fifth, figures first and second)* the womb would be pulled completely inside out: but though this cannot well happen, yet the bottom of it in some women, will be pulled so far down, as to cause in them, when standing or walking, a most distressing sensation; and from being dragged into this irregular shape, rendered incapable of receiving an Ovum when wanting. This deformed shape of the womb, is considered by the Faculty, as the effect of laxity only; they accordingly have given to it (as most appropriate) the term, Prolapsus Uteri, falling down of the womb. But they have mis-

taken the cause, this shape being met with only in women who have been in the hands of the Accoucheur.

Fourth, in the Accoucheur's efforts to pull out the after-birth, look at his breaking the navel-string, in the embarrasing event of which, thrusting his hand into the womb, groping for, and tearing the after-birth from it—Fifth, and last,—look at his dragging out the after-birth,—conceive if you can, the torture the woman suffers in this unnecessary operation.

You often hear of women recovering in lying in, that die five or six months after, now, though this may happen in some from disease, in others it may happen in consequence of extraction of after-birth: for as it is told of many, that they have not been quite well since their Lying in, it is fair to look therein for the cause; and what so probable, as that which this Chapter is endeavouring to impress on the Reader's mind; so that as to one woman dying immediately, or the day after delivery, while another may not till the expiration of five or six months, both by the same cause; Phisiology letting us see that the principle of vitality being more strongly attached to some bodies than to others, this difference in the times of demise, is thus accounted for: therefore, certain it is, that so often as any woman has lain in, so often she has had but hair breadth escapes from Death.

About sixteen years ago, happening to view the scene in which parturient woman are portrayed; the number of deaths therein displayed, appearing unnatural, caused me to suspect the existence of some latent error in the treatment thereof; to discover which at the time, I felt the greatest desire, and accordingly set out in search thereof. But Delivery appearing to be faultless, because performed agreeable to scholastic rule, regulated and commended by Public Professors, I was obliged to resort to sceptic means for information. Fortunately for the World, but unfortunately for myself, (as will appear in the sequel) therein succeeded; getting possession of the cause, that of their having lost more blood than they could bear, it rested with me to discover if that could be avoided, in order to which, I determined on trying the powers of the womb, by subjecting the next woman I was called on to attend, to a treatment not only novel, but surprizing: this was, by waiting for the womb to contract itself after extruding the child; which taking place, I continued to wait till by its reiterated contractions, the after-birth came to be extruded; with which there appeared very little blood, while the Patient shewed to be as strong as at the beginning of Labour; very natural indeed, she having lost but little blood; for as it is the life, so is it the strength, as without any there cannot be either. The blood lost here, being considerably less than in the present mode of Delivery, set me to

search for the cause; in this I was also successful: after the Womb has extruded the Child, its bottom contracts from its circumference towards its centre, by which it gets both narrower and shorter than it was, while the after-birth remains unchanged: hence the blood vessels connecting these parts at the circumference, will be torn in two, but by the contraction that tears them, they get so closed, as to let very little blood escape, and so on of every contraction to the last. The bottom of the womb having detached the after-birth, the rest of it will act to extrude it by contracting itself so as to bring the bottom towards the outlet; so that by repeatedly acting in this manner, the after-birth will be extruded. In making this experiment I suffered great embarrassment from the constant murmur of both Patient, and Friends, so that it was with the utmost difficulty I got the business finished, as it took up no less than twelve hours.

While the womb was detaching the after-birth, the woman was free from pain, but while it was forcing it through the Vagina, she complained in the way she had done when the child was passing. From what I had suffered in this attendance, I wonder at my having so much resolution as ever to have tried it again; for as to divulging the secret, that was out of the question; but from being sensible of the many considerable advantages arising from this Practice, I continued it from

that day to this, and that with every wished for success.; this discovery of course must appear to be a desideratum of greater importance than any that has or could be made in the practice of Physic, Surgery or Midwifery, as it must be the means of saving millions of Lives,

In exercising my Profession thus, I suffered greatly, and that in more ways than one, for along with undergoing a vast deal of fatigue by long attendances, many of my Patients changed from me, alleging that their reason for so doing, was on account of the danger I suffered them to be in from delay; contrary to what they ever saw or heard of, for, that "though they had recovered remarkably well, they would be afraid to venture again" so that my discovery, though beneficial to those whom it immediately concerned, proved materially injurious to me.

In some women, the Womb will extrude the child quickly, and after-birth slowly, and vice versa, in others it will extrude both quickly, and vice versa. The womb will sometimes extrude the after-birth immedily after the child, at other times, in not less than thirty hours‡ the mid time is then fifteen. But I can say from experience, that from ten to twelve hours, will most generally be found the case. I remarked that the longer time the womb took in detaching

‡ This length of attendance occurred four times.

Plate the Fourth.

Figure the first shews the womb, with the After-birth pulle therefrom.

A The bottom of the womb.

B The After-birth.

C The torn mouths of the Blood-vessels which connect the Womb and After-birth, lying, or continuing open on the interior surface of the bottom of the former.

D The Blood flowing into the cavity of the Womb from the torn vessels.

E That part of the Navel-string which now lies outside the outlet of the Vagina, by which, the Accoucheur pulls the Afterbirth from, and out of the Womb.

Figure the second, shews the Womb after the After-birth has been pulled thereout.

Mouths of the torn vessels.

Streams of blood from torn vessels.

PLATE IV.

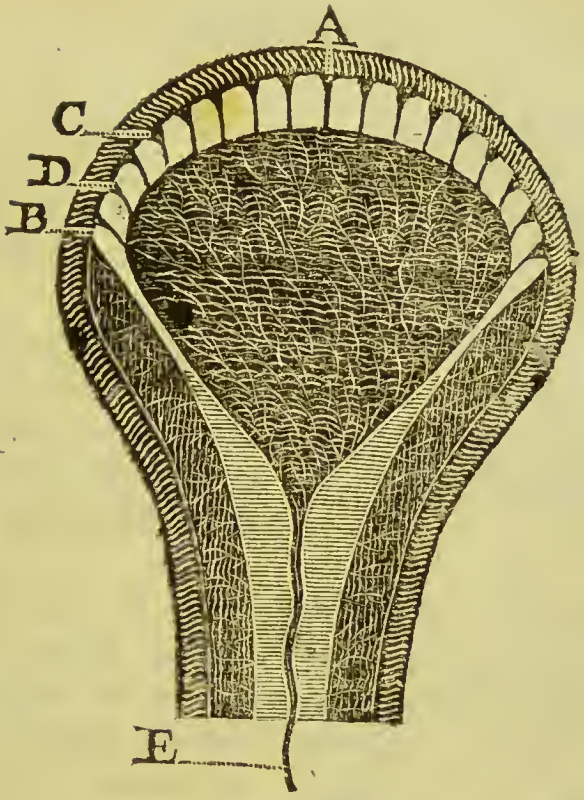


Fig. 1.

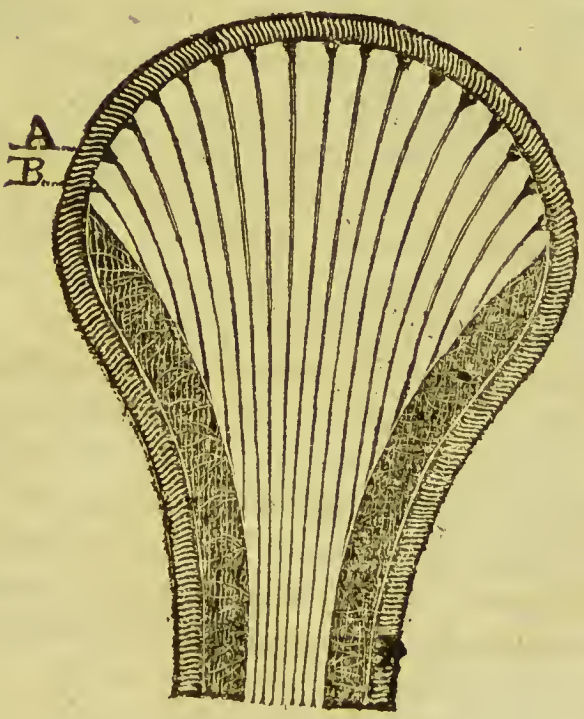


Fig. 2.

the after-birth, the less blood would be lost; we therefore should look on delay in this part of delivery, as a most favourable circumstance.

Accoucheurs know that the womb has the power of extruding the child: but from the way in which they practise, must be of opinion, that it has not the power of extruding the after-birth.

Before I go further, I will describe one more bad effect arising from the practice of pulling away the after-birth: so narrow is the passage of the vagina, that a superior part of it may be dragged into an inferior; producing that complaint which is termed "bearing down:" and as this part is attached to the lowest intestine, part of the latter will also be dragged from its place, vulgarly termed "the Body coming down;" but notwithstanding the disproportion in the size of the after-birth and this passage, the sense of the latter is such as to obviate every difficulty, for so soon as the womb begins its contraction for shoving on the after-birth, (which it does in much the same manner as a half lemon squeezed, would express its pulp), the vagina begins to relax itself for the purpose of letting that body pass. This reciprocal action takes place by virtue of what is called sympathy, the parts knowing and consequently assisting each other.

Plate the Fifth.

Figure the first, shews the Womb with its bottom pulled into its cavity,

A. The cavity of the womb.
B. The bottom of the Womb.
C. The After-birth attached to the bottom of the Womb.
D. The Vagina.
E. Ligaments which keep fixed the body of the Womb, so as not to let it be displaced.

Figure the second shews the Womb, with its bottom dragged into the Vagina so far as to constitute that complaint termed "the falling down of the Womb."

A The cavity of the Womb.
B. The bottom of the Womb.
C. The Vagina.

PLATE V.

Fig. 1.

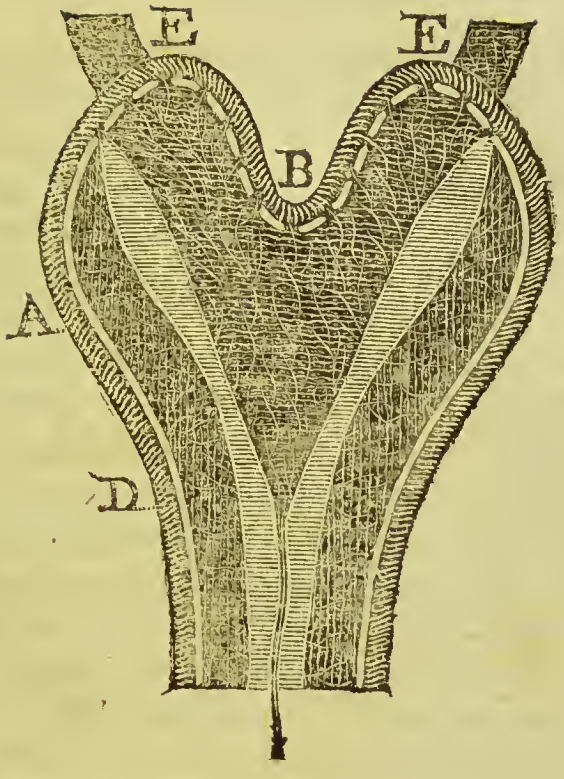
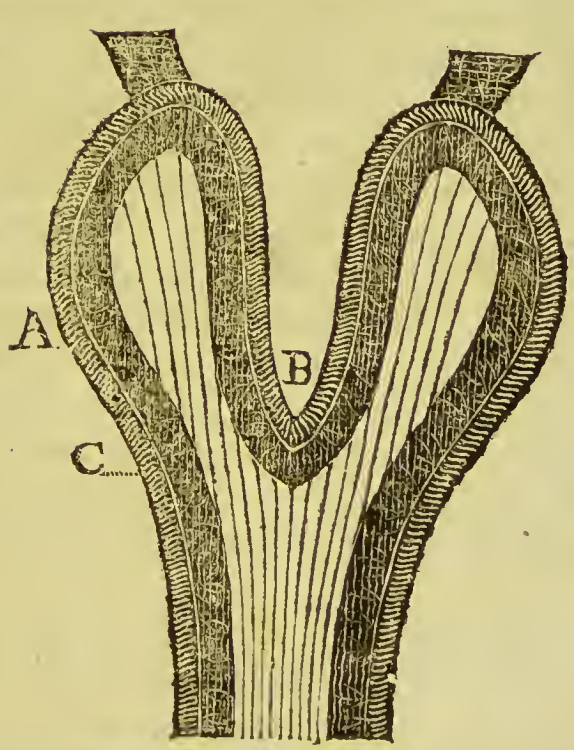


Fig. 2.



Being determined on keeping my discovery secret, till I would give it publicity in a permanent way, I devised various methods, for shortening, as it were the time occupied by the womb, in extruding the after-birth; such as that of taking a longer time tying and cutting the navel-string than was necessary; as until this was done, and the child given to the attendant to be dressed, there would be no inquiry respecting after-birth :* but the one I found to answer best, was that of representing the navel-string's being of such slender make, as left it liable to be broke in the ordinary exertion of taking away the after-birth, that I must therefore be very cautious in performing this operation, by doing it slowly; consequently that more time would be taken up by this part of the delivery, than would, had not the circumstance above mentioned occurred. But in many places even this would not do, the friends insisting on, and actually sending for another Accoucheur. But under those circumstances I always took care to have the delivery finished, before he could arrive. I thus acted with great reluctance, but yet could not bring myself to do otherwise; knowing that when the person sent for, came, he would insist on instant extraction,

Being of opinion that separation of the navel-string from the navel should be by

* I have frequently kept the child in this way for three or four hours.

laceration, and knowing that nature always operates with design ; I examined the matter in order to see it. By the navel-string being torn, little or no blood can flow thereout, of course it must remain in the vessels of both navel-string and after-birth, hence the latter must continue plump or somewhat stiff.

In order to ascertain the good of this, I took a piece of sponge, the size of the after-birth, filled it with bee's wax melted; then placed it between two flags, and there left it till it was cold ; this to be representative of after-birth, to this I fastened an empty piece of the same size, by a number of threads, passed through both ; the second piece to be representative of the bottom of the womb—the threads, of connecting blood-vessels. The article thus prepared, I grasped the empty piece, and squeezed it, thereby making it imitate a contraction of the bottom of the womb. The consequence was, that the threads at and near the edge first broke; on repeating the act, more gave way ; til at last the remainder were left in the same state. I then fastened together in the same manner two empty pieces ; on grasping and squeezing one of them, as I had done before, no such effect as that above described took place, the other piece yielding thereto. By this I plainly saw, that nature planned the detention of the blood, in order to enable the bottom of the womb to detach the

after-birth, with greater facility and expedition than it otherwise could have done. This set me to contrive a way for preventing the escape of after-birth blood; simple the process indeed! it was by a second ligature on the navel-string at such distance from the first as allowed me to cut between, but though this to a certainty will shorten the time of detachment, this part of the delivery will try the patience of Practitioners. Though some may be pleased at my setting them right, I fear much the greater number will be the contrary, from my letting the necessity of such length of attendance in most cases be seen, as must prove nearly the same as perpetual imprisonment;* particularly to those in good practice, along with its operating so as to prevent them individually from attending as many Patients, in a given time as they otherwise could.†

The delivery of the woman of the after-birth, is thus to be conducted—the Accoucheur having given the child to the attendant, is then to coil, or gather in his hand, that part of the navel-string which lies out, in order to keep it from getting entangled with the bed-clothes, lest by such incident the after-birth might be torn from the

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* Twenty cases of twelve hours delay occurring, for every one of but three or four.

† I declare most solemnly, I have paid in those cases, the same strictness of attention where I knew I would receive no fee, as where I knew I would.

womb. Having done this, he is to wait till the womb by repeatedly contracting itself, completes the extrusion of the after-birth; but if instead of the after-birth being sent forward, it should be a second child, he is to conduct the delivery as he had done at first; he should pay attention to his patient, in ordering some refreshment, as from want thereof she might get weak. When the after-birth has been sent near to the outlet of the vagina, it causes in some women the same kind of excitement as their water does: therefore the Accoucheur in every attendance should ask his patient, does she feel such excitement? that, if she does, he should direct her to get upon her knees in the bed, so as that a warm basin may be placed between them, thus circumstanced, by her yielding to that excitement, the after-birth will probably be extruded: but if not, she is to lay herself down for a little time, and try it again; but if from bashfulness, or that modest reserve which is natural to her sex, she should object to this part of the treatment, she is not to be forced into compliance: she need not be afraid to rise as directed, for should she in consequence thereof get weak, she can lay herself down, which to a certainty will recover her. From the after-birth having a longer way to be sent, than what the child had, along with the time occupied by the womb in detaching it, the slowness of this part of delivery is not to be wondered at. And here there is the same reci-

procity of action in the womb, and vagina, as at the time of the child passing, attended with a greater or lesser degree of pain, as a natural consequence.

There being no determinate length assigned to the navel-string, it sometimes is formed too short to allow of the child's being extruded without pulling the after-birth from the womb; the consequence of which must be the same, as if done by the Accoucheur. A somewhat similar case is that, which sometimes happens in the case of twins; though the navel-string of the first born be of ordinary length, yet the cavity of the womb being necessarily longer than ordinary, the child which is first to be extruded being situated farther from the after birth, than the other is, it amounts to the same as if its navel-string had been too short.—*(see plate the sixth.)* again; somewhat similar to this, is where the navel-string from being rather long may form a loop, which slipping over the child's head, gets round its neck *(see plate the seventh)* so that though this part is naturally too long, it becomes accidentally too hort. It is a commonly received opinion that where the navel-string is met with round the child's neck, that it must have been in consequence of the mother's stretching for things in her domestic concerns: but I have here described the true cause.—When the Accoucheur meets with this loop, he should quickly pass the fore-finger of his

Plate the Sixth.

This Plate is a delineation of the Womb, at such times as it contains Twins.

A. The first child

B. The second.

PLATE VI.

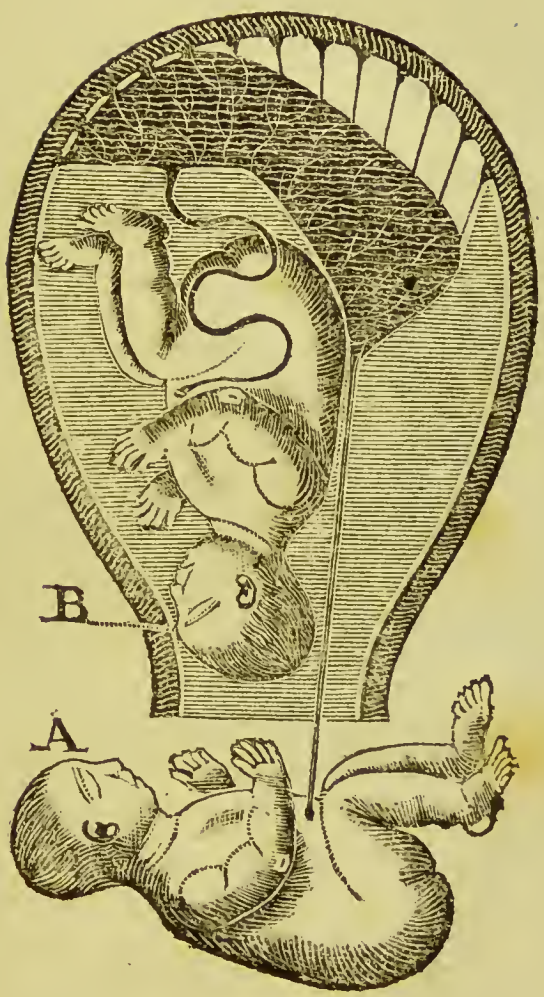

PLATE VII.

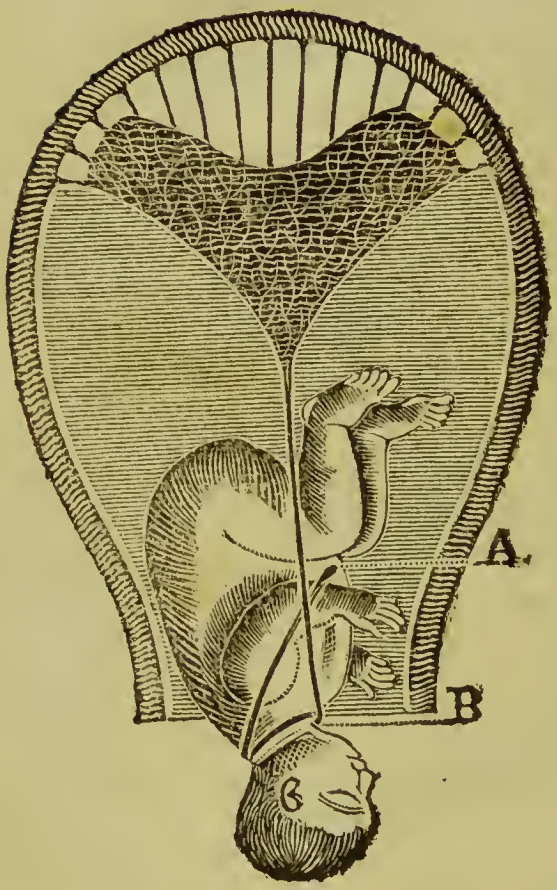

Plate the Seventh.

The delineation of the figure in this plate, is for the purpose of shewing the Loop which is formed by the extraordinary length of the navel-string. This Loop lying at the outlet of the womb, when the child comes (in labour) to be pushed on, its head slips through this loop, so as to have it round the neck.

A. The navel-string.
B. Loop of the navel-string.

left hand, between it and the child's neck, so as that he can with safety cut it in two.

As it is uncertain when a case of too short a navel-string, whether natural or accidental may occur, I would advise the Accoucheur to examine the state of it as soon as he can in every attendance whatsoever, in order that he on perceiving it (by pulling it gently) may save the after-birth from being detached, by cutting the navel-string in two; for though the child by his so doing, will lose blood, the quantity will be next to nothing, but this could not be the case with the mother, were things otherwise conducted. The Accoucheur should be very quick in performing this operation, as the womb will not stop one minute for him.

In the Accoucheur's attending on after birth as above directed, he will be made sensible of the good effect of the second ligature; as at each time the bottom of the womb contracts, the blood in the after-birth will be propelled so strongly into the navel-string, as to give it the feel of an intestine stretchingly distended with fluid matter: this then should let us see the necessity of the second ligature, as without it, by the escape of the blood, the womb would have great labour in disengaging itself from the after-birth. I caution the Accoucheur, against his giving even the slightest pull to the navel-string, as I

know from experience, that it would cause such derangement in the action of the womb, as to be the means of retarding considerably the completion of the business; besides, as such number of blood-vessels might be torn thereby, as would leave the woman in danger.

From my mode of delivery, and subsequent treatment, so well do my patients thrive, that let it be looked on as boasting or not, I challenge the whole profession individually, to shew so healthy and well looking a set of women and children as I can: I dont know (as I said before) what it is to lose a woman in lying-in,* and every woman has almost every child she regularly lay in of. Nothing surprises me so much as to see a woman with what is commonly termed "a number of children," knowing that with each she must have nearly lost her life. The way of accounting for her thus surviving, is by supposing that the vital principal adhered more strongly to her frame than what in general it does. Persons somewhat mortally injured, have been known to recover, thus has it been with such women.

CHAP.

* I know of no Practitioner who can say the same.

CHAPTER X.

DELIVERY IN CASES OF WRONG PRESENTATION.

When any part (except the head) lies at the outlet of the womb, the child is in an unfavourable position for passing through the pelvis; the treatment of course will sometimes be necessarily different from that where the child is rightly placed. In cases of this kind, writers on Midwifery advise the Accoucheur to pass his hand into the womb for the purpose of getting hold of the feet and drawing them down; then the body; then one arm; then the other, and then the head, *(see plate the eighth, figure the first)* the last named part to be pulled out by putting one or two of his fingers into the mouth, his thumb under the chin, and the fingers and thumb of his other hand placed on the shoulders, so as to have such hold as he can finish this operation; against such mode of proceeding I enter the most solemn protest, and for the reasons following—that in the child's being thus born, there would be danger of the after-birth's being torn from the womb, nothing being to save it therefrom except extraordinary length of navel-string, *(see figure the first)* the child's navel being at a much greater distance from its

head than from the hips. Here we could not with safety (as in other cases) cut the navel-string, because the child in this situation has not the power of breathing, 'til which, the passing of the blood through the navel-string is indispensably necessary. Respecting to the child there is every danger of its being killed; for notwithstanding the Accoucheur does his best, yet the spinal marrow in the neck will in most cases be over-stretched; that even if the child be born alive, it is likely (tho' at a distant period) to die convulsed.* The way I would have the Accoucheur act in those cases, is, to tenderly bring (if he can) the head to present; if he succeed he is to conduct the other parts of delivery as in natural presentation. But should he not be able to accomplish this, he should merely bring the feet to present, and leave the rest to the action of the womb, as in natural presentation, for the womb (except in women of ill-formed pelvis) will extrude the hips, body and head as regularly as in natural presentation, and that without danger to either mother or child.—*(see plate the eighth, figure the second)* The reason given for delivery in preternatural presentations being conducted by pulling the child out, is, lest from the compression which the navel-string undergoes, and consequent stoppage of the blood therein, the child might lose its life. But admitting that there

* Epileptick

Plate the Eighth.

Figure the first in this plate, represents the womb with the after-birth pulled from the fundus, or bottom thereof, in consequence of the child's (when born feet foremost) being pulled thereout.

A. The after birth.
B. The child.
C. The navel-string.

Figure the second, represents the situation of the after-birth when (in the child's being born feet foremost) the womb is allowed by contracting itself, to press, or force out the head.

A. The after-birth.
B. The child's head.

PLATE VIII.

Fig. 1.

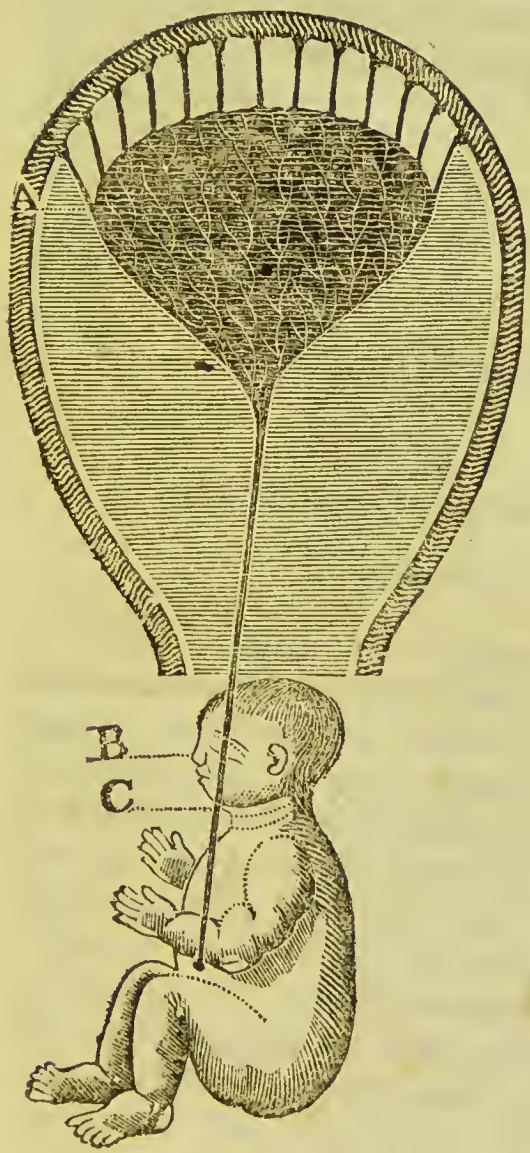

Fig. 2.

is great risk in this,† it is wholly confined to the child, and even it (I know from experience) has a much better chance of living, by being allowed to pass the way I advised. The outlet of the vagina in this (as in other cases) contracts, and thereby resists the removal of the child, except it is done by the womb. From having operated in both these ways, I can positively assert, that ninety-nine children in every hundred will escape death by the business being conducted agreeable to my advice, when very few escape by the other mode.

CHAPTER XI.

DELIVERY BY INSTRUMENTS.

Many women and many children have been seriously injured and even killed by the imprudent and indiscriminate use of instruments. I was initiated, and regularly instructed in the principles of Midwifery in the Lying-in Hospital of this city, under the direction of the late Doctor Jebb; wherein I delivered in every critical case that occurred, which created in me an unbounded degree of self sufficiency. Having finished my apprenticeship with Mr. Swift, of Dr. Steeven's Hospital, I was

† The navel-string is so compressed between the child's head and edge of the bony passage termed Pelvis, as to have its blood stopped.

elected Surgeon of the County Roscommon Infirmary, where I continued for near seventeen years, and practised Midwifery as a necessary branch of my profession; but in so doing, I know from experience that I was (as taught) too much given to the use of instruments, by which I now know, that many women and children suffered severely —sorry am I that it so happened, though I was not altogether so much to blame.— When an art or science undergoes any improvement, the improvers are not satisfied until they become refiners. Allow me here to make use of a vulgar saying by way of elucidation, "that too much cookery spoils the broth;" which I am certain is the case, as in practising at Roscommon I used instruments one hundred times at least, when since I left it (now twenty-four years) I used them but once, though in the latter time, I attended ten, for one in the former: my practice in this particular as to success has of course been in proportion to that number. The reason of my being so explicit on this head is, that it may operate in the way of advice: for though a woman cannot know at what time the use of instruments may be necessary; if I tell her that they are employed ninety-nine times in every hundred too often, it will prevent her from so tacitly submitting to such treatment as what she would, had she not been apprized of the practice. The reason of instruments being so often resorted to, is owing to either want of skill or want of patience in the Accoucheur; be this as it

may, the consequence is the same. The womb possesses greater power than Accoucheurs have any conception of, therefore, in almost the narrowest pelvis that is to be met with, they should not give place to despair; for notwithstanding that experience put me in possession of this particular, I have at times been on the point of acting like others, but being perseveringly disposed, I was saved the trouble of operating—the woman and child the danger. In cases of narrow pelvis, it is considered as judicious practice to bring on labour before the child has grown to its full size: but such procedure in my opinion gives less chance of well doing to mother and child, than if the business was allowed to take the course laid out by nature; for the contractions of the womb brought on in this way, are spurious, and hence cannot be as efficient in extruding, &c. as what they otherwise would, so that the delivery must be performed by art alone, which seldom or never terminates well.

CHAPTER XII.

TREATMENT OF WOMEN AFTER DELIVERY.

When the Accoucheur has finished the delivery, he puts a broad band (termed a binder) on the woman's waist, from an

opinion that such must cause her to be as slender as she was before conception.—That a bandage placed round this part could produce such effect, is ridiculous to think :* if a woman has not from nature a slender waist, she cannot have it from art, except during the time she wears it. But admitting that the binder would have the desired effect, she pays dearly for it, by its squeezing together the abdominal viscera in such manner as to prevent each and all from performing their ordinary functions, and thereby laying the foundation of various diseases, such as Hepatitis or Liver complant, Jaundice, and Inflammation of the bowels. Surely the Accoucheur must think, (acting as he does,) that the abdominal muscles have lost the power of contraction. But it is not the case, they will regain their first state and thereby leave the waist as it was before. I do not apply a binder, and the waists of my patients at the end of their Accouchment are as slender as they were before conception. ‡

So different is the contexture of the womb from any other part of a woman's frame,

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* A binder is of as little use here as it would be on the waist of an Alderman after getting rid of a mayoralty dinner.

‡ In so great a hurry are most practitioners to get done with the business, that they pull away the after-birth before they operate on the navel-string, and in doing this they meet with the less difficulty; the womb not having had time to close: the woman here feels no pain, but she subsequently pays dearly for her ease.

that contrary to what shou'd naturally be expected, the more it is distended by the enlargement, or growth of the child and after-birth, the thicker its sides and bottom become. This change has not been accounted for by any writer on, or professor of Anatomy, as if of no importance; but, as I have a remark to make (touching this subject) that must set aside a most erroneous practice, I will do it demonstratively not hypothetically.

The change which takes place in the thickness of the womb, is owing to a distention of its component blood-vessels, by the additional influx of blood, the fœtus requiring to be supplied therewith in propor-to its size.

The womb after dislodgement of the child and after-birth, continues its contractions until reduced to the size it was before impregnation; but during each of these, it is greatly pained,* owing to the distention of its vessels, which like those of a swoln joint, will not allow of its being bent without pain, more or less. But though the woman suffers in this way it is not to be thought badly of, being natural, and unattended with danger. The reduction of the womb is absolutely necessary, as by it the bleeding vessels are closed so as

* Termed after-pains.

not to let more blood pass out there than can be avoided.—What then have Accoucheurs to say for themselves in prescribing opiates for the purpose of relieving the woman from this painful state:! when that can only be done by stopping the above-mentioned contractions. But I will excuse my brother practitioners, for I am to suppose that a thought of such a circumstance never occurred to them, they regularly steering a deteriorative course; by ordering Pennyroyal-water, and such like, for the purpose of increasing the flow, or discharge of the blood, which blood is much wanting at the time for the secretion of milk.

The first day of the Accouchment, or second at furthest the woman is ordered castor-oil or some other cathartic. I suppose this is done, from knowing that there is usually no excretion of intestinal matter for some days; but I see no harm in that; for if intestinal matter while in the intestines is injurious, the fœtus, or child in the womb must be badly off, as it cannot pass that matter till it is born. Delay of this evacuation in Accouchment is natural; for by the child and after-birth being removed, thewomb is reduced in size, and consequently occupies less of the abdominal cavity than it did, the intestines are at liberty not only to retain what is in them, but also to receive some in addition. I never order a cathartick in a case of mere delay, but in

acting so, many of my patients shewed to be dissatisfied, it differing from the general practice. This or any other medicine taken unnecessarily, must in my opinion be injurious; besides that the intestines being here emptied by the cathartick, take some time to fill again; hence new delay, and new room for prescription, till by a frequent repetition of this, the woman gets into the habit of watching and taking such medicine as regularly as what she does her food.*

The milk by right, is considerably increased by the third day of the Accouchment, but from the present practice it is evident, that how this is caused has not been known. I said in a foregoing part of this treatise, that the womb in being stretched by the enlargement of the child and after-birth, gets thicker from the greater distention of its blood-vessels by an increased influx of blood. Delivery being finished, the womb in reducing itself, compels the surplus blood to leave it; now the breasts being designedly of a softer texture than any other part of the body, their vessels the more readily receive that blood; hence it follows, that in proportion to the influx of it, will the secretion of milk be. This being the case, looking at the blood

* The Faculty has erred greatly by leading not only women but men into this practice, leaving little or nothing to nature.

lost by pulling the after-birth from the womb, it is not to be wondered at, that many women should have so little milk, the third day as to be apparently unequal to the duty of nursing; but this can be only for a short time, as blood will be made to make good the deficiency.

It is a received opinion, that if a woman happen to conceive in the time of giving milk, she should wean the child; from a notion that pregnancy injures the milk.—I think very little argument will be sufficient to set aside this absurdity; plain reasoning, with analogical induction will fully answer the purpose.—The milk being a part of the blood, if it be bad, so must the blood; how then must it be with the child in the womb, who has the latter constantly coming into its veins. A calf will be allowed to take milk from its dam, though she be in a similar state. I have constantly advised such of my patients as happened to get so circumstanced, to proceed as if no such thing took place, most of them took my advice, and not one had cause to repent it.

CHAPTER XIII.

ABORTION.

Abortion is the premature dislodgement of the child, even though it would not happen till the end of the eighth month. The causes are various, by one or other of them the womb is thrown into contractions, such as take place in a regular labour, with this difference only—that the bottom of the womb is the first part of it which contracts, but there it is the sides, hence the after-birth comes to be detached before there has been any advance of the child, the consequence must be, flow of blood from the mouths now made on the interior of the bottom of the womb, and that part of the after-birth which was in contact with it, by tearing in two the blood-vessels connecting them: for the womb being (by the child's remaining in some degree stationary) prevented from reducing, contracting, or shrinking itself, these vessels remain open, giving out blood in such quantity as often amounts to a serious degree.

Not more than one or two women in every hundred, threatened with abortion, escape it; the loss of the child is therefore almost certain. The whole of the Accoucheur's attention should be directed to the woman, especially as the treatment which

tends to secure her bids fairest to save the child.

When symptoms of abortion appear, the practice is to take blood from the woman's arm; but why deprive her even of the smallest quantity of that necessary fluid, when the danger is that of her losing more than she can well bear.

I said that miscarriage proceeds from the womb's being thrown into contractions; it is the business then of the Accoucheur to stop them if he can. Opium taken into the stomach, which with keeping the woman quiet, will be all that may be found necessary.

CHAPTER XIV.

CONVULSIONS IN TIME OF LABOUR.

Convulsions sometimes occur at the beginning of labour: the Accoucheur conceiving these to arise from an affection of the womb, instantly proceeds to its relief by first stretching the entrance of the vagina, after that the vagina itself, and then the entrance of the womb that he may have room to pass his hand to its bottom, so as to get hold of the child's feet, turn the child itself, and bring it out feet foremost;

but I do contend, that here and in case of flooding, (where the same act is advised,) the cure is worse than the disease; convulsions could not be caused by the child in the womb: but even if they could, the Accoucheur should allow the Labour to go on, such bidding fairest for the woman's well doing.

I am now come nearly to the conclusion of this work, and as the essential parts of it are of important nature, requiring the most serious attention, it is not unreasonable to make a few more observations thereon.

Had I written a volume instead of a chapter, on the removal of After-birth, I would not have said one word too much. The dangerous way in which it is done making every woman's recovery doubtful.* As it is not easy to change an established mode of operating, and lest Accouchers notwithstanding all I have written, would sometimes give in thereto, or be tempted by pecuniary motives to hurry the after-birth, and as the operation is performed under cover or in other words, out of view, I would have them and those applying for diploma bound by oath to act conformable to the rules laid down in this work. Accoucheurs themselves should be desirous of it; cases

* For a long time back there was not one pregnant woman I saw, or even but heard of (my own patients excepted) that I did not pity from my heart, on account of the dangerous treatment I knew she had to undergo.

often occurring that otherwise would leave room for suspicion.

The way in which women should be delivered of after-birth, will keep many of them long under the operation: but they will escape danger and recover soon. When a woman is delivered, her friends show to be happy; her being weak or faintish at the time being looked on by them, as natural: but as I said before, this state is not confined to the present moment, it occurring very frequently after.

If what I have said of the present practice, with respect to delivery of women of after-birth, be any way untrue,‡ with deference I call on both Colleges, freely, unreservedly and publicly to say so; it is their bounden duty, of course the world will expect them to do it.—I have written not for interest—not through envy—I have done it from a *conscientious desire of doing good.* A proof of the first assertion is, that of my not publishing a greater number of copies than when sold, would be adequate to the expense; a proof of the second, is that of my being so circumstanced as to be above any such thing, and as a proof of the

‡ As the womb possesses the power of extruding the child, surely it must also possess the power of extruding the after-birth; and if so why should any agent whatsoever be concerned in the performance of this operation. The time occupied, first in the passing of the child, and next in the passing of after-birth, will in general be of such length as to bear heavily on the Accoucheur's patience, but that should not be offered as an apology for his doing wrong.

third, I leave matters to speak for themselves. Whenever I happened to be told of the goodness of labour, (it being over in less than an hour,) I could not help smiling at the account, as such shortness of time made it quite the reverse; of course, Prophet like I always predicted, that "the woman's recovery would not be as expected;" at which the relater would show great surprise, not knowing that to which I alluded. Then allow me to say, if Accoucheurs will be convinced, I trust I have adduced argument sufficient to do it.

In this work it must be seen, even by the most simple observer, that I am a disciple of nature's (which I became about the time of my resigning the Infirmary* in favour of Mr. Simpson, the present Surgeon) and well would it be for those who apply for advice, if each member of the medical profession were the same. Had I received the reward which my success in practice fairly entitled me to, I would at this moment rank high in profession; but so unkindly (or step-mother like) has Dame fate treated me in this concern by decreeing the reverse, as to have left me in a state of disgust; but as whatever is, is right, I should be content, and feel happy while suffering in so good a cause.

My disapprobation of Instruments has not arisen from a greater want of suc-

* Now twenty-four years.

cess than others in using them; but from my latter experience. Instruments no doubt are sometimes necessary, but more particularly in Surgery: for I had occasion to use them in the Infirmary sixteen times for amputation of legs and arms alone, but had the satisfaction of sending out cured fourteen, as may be known by referring to the books of that Institution.

In describing the effects of Accoucheurs pulling the child out by its head, I mentioned that of nine-day fits; but such is the nature of this disease that the child may not be attacked therewith till a more distant period, the time of its appearing depending on constitution.

I will finish the subject with an observation that must convince the reader of the absurdity of extracting the after-birth, that though it is an extraneous body, or in other words, a part not belonging to mother or child, once the latter is born, yet, as it lay in the womb for months, (a necessary medium) it cannot be supposed that (because now useless,) its remaining there a few hours, or even days, would be attended with danger;—yet from the practice of quickly removing it, it is evidently thought otherwise. There is no better place to know this than in our Lying-in Hospital, it being the school for perfecting Students in Midwifery.

It is a true saying, and worthy of all men to be received, that a Prophet has

no honor in his own country. There are people to be met with, who will not allow any merit to others, not even though by unparalleled exertion they had done (allow me to say,) more than was really possible.*

It will probably be said by many that this work contains nothing new or instructive ;† if it do not, the question which naturally follows, is, why did most of my patients find fault with the way in which I treated them in the removal of after-birth, and displeasedly leave me in consequence thereof. But when such as did, may happen to see this, they must be convinced of their error and that fate favoured those whom it not only put, but steadily continued under my care.

Many families (whose names, prudence forbids me to mention) will on seeing this, deeply lament its not having appeared sooner, when by it the dearest of all their earthly possessions could have been kept from the cold and remorseless hand of Death.

FINIS.

* This is known to arise from envy.

† To prove this, Practitioners must show cases of long delay of after-birth in their attendance, they so frequently occur that no one can say he was so fortunate as not to have met with any.